



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

V.D.
#12/Amend.
CNE

11-29-02



Applicant: Perriann M. Holden

Serial No.: 09/910,641

Filed: July 20, 2001

Title: Protective Attachment

) Art Unit: 3765
)
) Attorney
) Docket No.: 810101-1
)
)
)
)

RECEIVED

NOV 29 2002

AMENDMENT AFTER FINAL REJECTION

Assistant Commissioner for Patents
Washington, D.C. 20231

TECHNOLOGY CENTER R3700

Attention: Alissa Hoey
Examiner
(703) 308-6094

Dear Sir or Madam:

Responsive to the Office Action mailed October 29, 2002, please amend the above-identified patent application as follows:

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Assistant Commissioner for Patents
Washington, D.C. 20231

on Nov 21, 2002 (Date)

Typed or printed name of person signing this certificate

Signature Jim D. [Signature]

ALL DATE CANCELLED
NOV 2 2002
O.I.P.E.
PATENT & TRADEMARK OFFICE

11-25-02

3760
AF

PTO/SB/21 (08-00)
Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/910,641
Filing Date	07/20/2001
First Named Inventor	Perriann M. Holden
Group Art Unit	3765
Examiner Name	Alissa Hoey
Attorney Docket Number	810101-1

Total Number of Pages in This Submission **13**

ENCLOSURES (check all that apply)

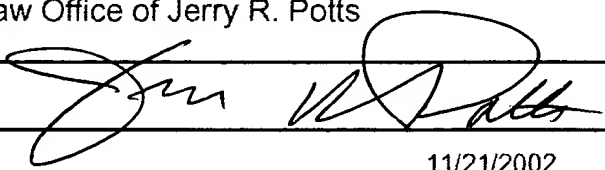
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Patent Application Fee Determination Record
--	---	--

Remarks

RECEIVED
NOV 29 2002

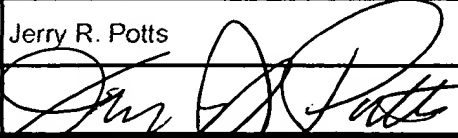
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

TECHNOLOGY CENTER R3700

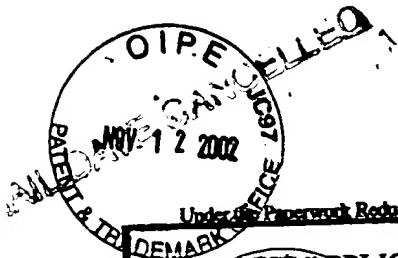
Firm or Individual name	Law Office of Jerry R. Potts
Signature	
Date	11/21/2002

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 11/21/2002

Typed or printed name	Jerry R. Potts
Signature	
Date	11/21/2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



PTO/SB/06 (08-00)

Approved for use through 10/31/2002. OMB 0651-0032

U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

09/910,641

CLAIMS AS FILED - PART I	
(Column 1)	(Column 2)
NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))	
TOTAL CLAIMS (37 CFR 1.16(c))	
INDEPENDENT CLAIMS (37 CFR 1.16(b))	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))	

SMALL ENTITY	
RATE	FEE
	\$355
x \$	0
x	0
+	0
TOTAL	355

OTHER THAN SMALL ENTITY	
RATE	FEE
	\$
x \$	
x	
+	
TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

CLAIMS AS AMENDED - PART II				
(Column 1)	(Column 2)	(Column 3)	(Column 4)	(Column 5)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total (37 CFR 1.16(c))	* 20	Minus	** 20	= 0
Independent (37 CFR 1.16(b))	* 2	Minus	*** 2	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

SMALL ENTITY	
RATE	ADDITIONAL FEE
	0
x \$	0
x	0
+	0
TOTAL	0

OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE
x \$	
x	
+	
TOTAL	

CLAIMS AS AMENDED - PART II				
(Column 1)	(Column 2)	(Column 3)	(Column 4)	(Column 5)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total (37 CFR 1.16(c))	* 33	Minus	** 20	= 13
Independent (37 CFR 1.16(b))	* 4	Minus	*** 2	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

SMALL ENTITY	
RATE	ADDITIONAL FEE
	117.00
x \$	42.00
x	0
+	0
TOTAL	159

OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE
x \$	
x	
+	
TOTAL	

CLAIMS AS AMENDED - PART II				
(Column 1)	(Column 2)	(Column 3)	(Column 4)	(Column 5)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total (37 CFR 1.16(c))	* 30	Minus	** 33	= 0
Independent (37 CFR 1.16(b))	* 3	Minus	*** 4	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

SMALL ENTITY	
RATE	ADDITIONAL FEE
	0
x \$	0
x	0
+	0
TOTAL	0

OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE
x \$	
x	
+	
TOTAL	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
FOOTNOTES: "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

RECEIVED

NOV 29 2002

TECHNOLOGY CENTER R3700